



Field Trip Report Form for Accident, Injury, or Illness

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Describe what happened (including symptoms): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What treatment(s) were given? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the participant taken to hospital/clinic?    YES    NO

If yes, where? \_\_\_\_\_

Briefly describe the participant's relevant medical history, allergies, & medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

York Technical College strongly advises that all field trip participants who become ill or injured while on a College-sponsored off-campus activity should see a healthcare professional for follow up evaluation and/or care.

I acknowledge that I have been advised to follow up with a healthcare professional.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below certifies that I have made every reasonable effort to submit this report accurately and completely. Further, I have advised the field trip participant named in this report to follow up with a healthcare professional.

Field Trip Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Submission:** *In the event of an emergency, the Field Trip Coordinator should follow the Emergency Procedure as outlined in Section VII, B in the Field Trip Procedures. In addition, this completed form should be submitted to the Student Leadership and Events Coordinator upon return from the field trip.*